

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 601122	RECEIPT DATE:	07 / 27 / 00
IA NUMBER:	PCT/ AU99 / 00059	IA FILING DATE:	01 / 29 / 99
FAMILY NAME:	ALEXANDER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	GRAHAM	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 29 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	010100 104	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 3105631456
			FAX

NAME: HENDRICKS SLAVIN HOLMES

STREET: 840 APOLLO STREET
SUITE 200

CITY: EL SEGUNDO

STATE/COUNTRY: CA ZIP: 90245

EMAIL:

APPLICATION TITLES:
A TRANSCEIVER

TAB TO LAST POSITION.PUSH SEND